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State IOWA

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4.21 Prohibition Against Reassignment of
Provider Claims

CFR 447.10(c)

AT-78-90

46 FR 42699

Payment for Medicaid services
furnished by any provider under this
plan is made only in accordance with
the requirements of 42 CFR 447.10.

TN # MS 81-26

Supersedes

TN # ~~MS 78-8~~

8013

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